Prospective FaDSS Council Member Application

Name of prospective	
FaDSS Council member:	
Title:	
Organization:	
Address:	
City, State, Zip:	
Telephone:	
E-mail:	
Source of	
referral/information:	
Constituency group represent Business Consumer Consumer; member of raci	
Domestic Violence	ar or etrinic minority
Special skills	
☐ Family Support	☐ Marketing/Public Relations
□ Personnel/Human Resourc	
□ Finances	□ Legal
	~
☐ Business	□ Other:
Professional background	
☐ For-profit business	□ Nonprofit organization
☐ Government	•
□ Government	□ Other:
Education	
□ Some high school	☐ Undergraduate college degree
☐ High school graduate	☐ Some graduate coursework
	☐ Graduate degree or higher
☐ Some college	
☐ Other:	_
List Other Affiliations:	
List Other Board Service:	

List Potential Conflicts of Interest:		
1. In your own words, describe why you want to serve on the FaDSS Council?		
2. Discuss your interests relating to issues facing low income lowans.		
 The Council meets a minimum of four times a year, from 11 am to 1 pm, in the Des Moines area. In addition, all Council members are required to serve on at least one Council committee. Please describe your ability to make this time commitment. 		
4. Describe how you will represent the constituency group designated.		